

Civil Action No. 4:10-CV-781

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* The United States of America
 was received by me on *(date)* April 19, 2010

I personally served the summons on the individual at *(place)*

on *(date)* _____ ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* _____ , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)*

, who is

designated by law to accept service of process on behalf of *(name of organization)*

on *(date)* _____ ; or

I returned the summons unexecuted because _____ ; or

Other *(specify)*: I served the Summons and Complaint via certified mail/return receipt requested on April 20, 2010 on the U.S. Attorney General, the U.S. Attorney for the Middle District of Pennsylvania, and USP Allenwood.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: May 4, 2010

Server's signature

Kristina C.E. Cole, Esquire
Attorney for Plaintiff

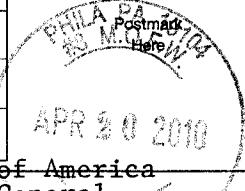
Printed name and title

Dechert LLP
Cira Centre
2929 Arch Street
Philadelphia, PA 19104

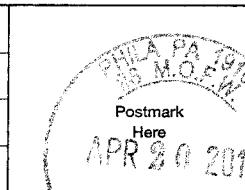
Server's address

Additional information regarding attempted service, etc:

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

9607	Postage	\$.78
0748	Certified Fee	2.80
0005	Return Receipt Fee (Endorsement Required)	2.30
0000	Restricted Delivery Fee (Endorsement Required)	
1530	Total Postage & Fees	\$ 5.88
7000	Sent To The United States of America c/o U.S. Attorney General U.S. Department of Justice Street, Apt. No., or PO Box No. Room B-103 950 Pennsylvania Ave., N.W. City, State, ZIP+4 Washington, DC 20530-0001	
1530		
2000	PS Form 3800, May 2000 See Reverse for Instructions	

9621	Postage	\$.78
0748	Certified Fee	2.80
0005	Return Receipt Fee (Endorsement Required)	2.30
0000	Restricted Delivery Fee (Endorsement Required)	
1530	Total Postage & Fees	\$ 5.88
7000	Sent To The United States of America U.S. Atty for Middle Dist. of PA Civil Process Clerk Winget, Warden, Pineda, Bldg. & Courthouse 235 N. Washington Ave., Suite 311 City, State, ZIP+4 Scranton, PA 18503	
1530		
2000	PS Form 3800, May 2000 See Reverse for Instructions	

9591	Postage	\$.78
0748	Certified Fee	2.80
0005	Return Receipt Fee (Endorsement Required)	2.30
0000	Restricted Delivery Fee (Endorsement Required)	
1530	Total Postage & Fees	\$ 5.88
7000	Sent To Warden USP Allenwood, U.S. Penitentiary P.O. Box 3500 Street, Apt. No., or PO Box No.	
1530		
2000	PS Form 3800, May 2000 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The United States of America
c/o U.S. Attorney General
U.S. Department of Justice
Room B-103
950 Pennsylvania Ave., N.W.
Washington, DC 20530-0001

2. Article Number

(Transfer from service label) 7000 1530 0005 074

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X** Agent Addressee**B. Received by (Printed Name)****C. Date of Delivery**

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Signature

APR 28 2010

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The United States of America
c/o The U.S. Attorney for the
Middle District of PA
Civil Process Clerk
William J. Nealon Federal Bldg.
and Courthouse
235 N. Washington Ave., Suite 311
Scranton, PA 18503

*18501-0309***2. Article Number**

(Transfer from service label) 7000 1530 0005 0748 9

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X** A B**B. Received by (Printed Name)****C. Date of Delivery**

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

*P.O. Box APR 26 2010 309***3. Service Type**

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Warden
USP Allenwood
U.S. Penitentiary
P.O. Box 3500
White Deer, PA 17887

2. Article Number

(Transfer from service label) 7000 1530 0005 0748 9591

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X** Agent Addressee**B. Received by (Printed Name)****C. Date of Delivery**

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes